DMR Copy of Record

00665

Phosphorus, total [as P]

1 - Effluent Gross 2

Permit																					
Permit #:		MD0050903				Permit	tee:			BOONES ESTATE		.C			Facility:			NES MOBILE ES		WTP	
Major:		No				Permit	Permittee Address: 2138 ESPEY CT., SUITE 1 ANNE ARUNDEL COUNTY CROFTON, MD 21114					Facility Location: 1091 MARLBORO ROAD LOTHIAN, MD 20711									
Permitte	ted Feature: 001 External Outfall					Discha	rge:			001-A 11-DP-0191											
Report D	ates & Status					•															
Monitorii	ng Period:	From 08/01/19 t	to 08/31/19			DMR D	ue Date:		O	9/28/19					Status:		NetD	MR Validated			
Consider	ations for Form Completion	1																			
RESIDUA	L CHLORINE LIMITS APPLIE	ES ONLY IF CHLO	ORINE OR CH	LORIN	E COMPOU	INDS ARE	USED AS	DISINFECTIN	IG AGENT.												
Principal	Executive Officer																				
First Nan	ne:					Title:									Telephone:						
Last Nan																					
No Data	ndicator (NODI)																				
Form NO		-																			
Code	Parameter Name	Mon	itoring Location	Season :	# Param. NOD)I	Qualifier		Qualifier 2		Units	Qualifier 1	Value 1	Qualifier	Quality or Co	Oncentration Qualifier 3		Units	# of Ex.	Frequency of Analysis	s Sample Type
5545	T T T T T T T T T T T T T T T T T T T					Sample	Quantities		- Camillor I		011110		5.9			- Caumion	7 4.140 5	19 - mg/L		01/01 - Daily	GR - GRAB
00300	Oxygen, dissolved [DO]	1 - 1	Effluent Gross	0	-	Permit Req Value NOD						>= {	5.0 INST MIN					19 - mg/L		01/01 - Daily	GR - GRAB
						Sample	=	9.77	=	18.95	26 - Ib/d			=	16.5	=	32.0	19 - mg/L		01/07 - Weekly	24 - COMP24
X 00310	BOD, 5-day, 20 deg. C	1-1	Effluent Gross	0		Permit Req	. <=	5.3 MX MO AV	<=	8.0 MX WK AV	26 - Ib/d			<=	8 0 MX MO AV	<=	12.0 MX WK AV	19 - mg/L		01/07 - Weekly	24 - COMP24
						Value NOD	I														
						Sample							7.1 6.5 MINIMUM				7.9 8.5 MAXIMUM	12 - SU 12 - SU		01/01 - Daily 01/01 - Daily	GR - GRAB GR - GRAB
00400	pH	1-1	Effluent Gross	0		Permit Req						_ (O.O IVIIIVIIVI C.O			-	6.5 IVIAXIIVIOIVI	12 - 30	-	01/01 - Dally	GR - GRAD
						Sample	=	11.4	=	37.9	26 - Ib/d			=	19.25	=	64.0	19 - mg/L		01/07 - Weekly	24 - COMP24
X 00530	Solids, total suspended	1-1	Effluent Gross	0		Permit Req	.<=	5.3 MX MO AV	<=	8.0 MX WK AV	26 - Ib/d			<=			12.0 MX WK AV	19 - mg/L		01/07 - Weekly	24 - COMP24
X 00550	,			_		Value NOD	ı														
						Sample								=	37.0			19 - mg/L		01/30 - Monthly	24 - COMP24
00600	Nitrogen, total [as N]	1 - 1	Effluent Gross	0		Permit Req									Req Mon MO AVO			19 - mg/L	-	01/30 - Monthly	24 - COMP24
						Value NOD	1														
00000	Nidona wasan dadah Fara NII	4	Г Ш			Sample Permit Req			=	679.18 Req Mon MO TOTAL	76 - Ib/mo _ 76 - Ib/mo									01/30 - Monthly 01/30 - Monthly	CA - CALCTD CA - CALCTD
00600	Nitrogen, total [as N]	1-1	Effluent Gross	1		Value NOD														,	
						Sample			=	3795.47	50 - Ib/yr									01/30 - Monthly	CA - CALCTD
00600	Nitrogen, total [as N]	1-1	Effluent Gross	2		Permit Req				Req Mon CUM TOTI										01/30 - Monthly	CA - CALCTD
						Value NOD	I														
						Sample								=	3.6			19 - mg/L		01/30 - Monthly	24 - COMP24
00605	Nitrogen, organic total [as N]] 1-1	Effluent Gross	0		Permit Req									Req Mon MO AVO	'		19 - mg/L		01/30 - Monthly	24 - COMP24
						Sample		0.829	_	1.54	26 - Ib/d			_	1.4	_	2.6	19 - mg/L		01/07 - Weekly	24 - COMP24
00610	Nitrogen, ammonia total [as	N1 1.1	Effluent Gross	n		Permit Req		1.9 MX MO AV	<=	10.0 MX DA AV	26 - Ib/d			<=			15.0 MX DA AV	19 - mg/L		01/07 - Weekly	24 - COMP24
00010	introgen, animoma total [as		Lilluciii Oloss	U		Value NOD	ı														
						Sample								=	32.0			19 - mg/L		01/30 - Monthly	24 - COMP24
00630	Nitrite + Nitrate total [as N]	1-1	Effluent Gross	0		Permit Req									Req Mon MO AVO			19 - mg/L		01/30 - Monthly	24 - COMP24
						Value NOD	I														
						Sample Permit Req								=	4.45 Req Mon MO AVG			19 - mg/L 19 - mg/L	_	01/30 - Monthly 01/30 - Monthly	24 - COMP24 24 - COMP24
00665	Phosphorus, total [as P]	1-1	Effluent Gross	0		Value NOD									Req Mon MO AVE			19 - Hig/L		0 1/30 - Worlding	24 - GOIVIF 24
						Sample			=	81.69	76 - Ib/mo									01/30 - Monthly	CA - CALCTD
00665	Phosphorus, total [as P]	1-1	Effluent Gross	1		Permit Req				Req Mon MO TOTAL										01/30 - Monthly	CA - CALCTD
	,		,			Value NOD	I														
						Sample			=	530 05	50 - Ib/yr									01/30 - Monthly	CA - CALCTD
00665	Phosphorus total (as P1	1 1	Effluent Gross	2		Permit Req				Req Mon CUM TOTI	_ 50 - lb/yr									01/30 - Monthly	CA - CALCTD

				Value NODI											
				Sample =	0.071	=	0.117	03 - MGD					Ç	99/99 - Continuous	RC - Recorder (auto)
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	 Permit Req.	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD					9	99/99 - Continuous	RC - Recorder (auto)
				Value NODI											
				Sample											
50060	Chlorine, total residual	1 - Effluent Gross	0	 Permit Req.						<	0.1 MAXIMUM	19 - mg/L	(01/01 - Daily	GR - GRAB
				Value NODI							Q - Not Quantifiable				
				Sample						=	93.41	30 - MPN/100mL	(01/07 - Weekly	GR - GRAB
51040	E. coli	1 - Effluent Gross	0	 Permit Req.						<=	126.0 MX MO GMN	30 - MPN/100mL	(01/07 - Weekly	GR - GRAB
2.3.0				Value NODI											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

	Parameter	Monitoring Location	Field	Tuno	Description	Acknowledge
Code	Name	Monitoring Location	rield	Type	Description	Acknowledge
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quantity or Loading Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 2	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes
00530	Solids, total suspended	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes

Comments

Not sure why they were out of compliance, we were not operators at this time. We are just reporting for them to try and catch them up.

Attachments

Name	Туре	Size
BoonesDMRAugust2019.pdf	pdf	378658.0

Report Last Saved By

BOONES ESTATE MHC, LLC

 User:
 (b) (6)

 Name:
 (b) (4)
 s

 E-Mail:
 (b) (6)

Date/Time: 2020-06-30 09:13 (Time Zone: -04:00)

Report Last Signed By

User: (b) (6)

Name: (b) (4)

E-Mail: (b) (6)

Date/Time: 2020-06-30 09:14 (Time Zone: -04:00)

PERMITTEE NAME/ADDRESS(Include Facility Name & Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

NAME: Boones Estates MHC, LLC c/o Horizon Land Company LLC

DISCHARGE MONITORING REPORT (DMR)

MD0050903

OMB No. 2040-0004 Outfall 001

ADDRESS: 2138 Espey Court Suite 1 Crofton, Maryland (AA Co.) 21114

11-DP-0191A DISCHARGE NUMBER

DISCHARGE NUMBER

FACILITY: Boones Estates MHC-WWTP LOCATION: 1091 Marlboro Road

Lothian, Maryland (AA Co.) 20711

		MONITORING PERIOD												
	YEAR	МО	DAY		YEAR	MO	DAY							
FROM	2019	8	1	то	2019	8	31							

				NOTE: Read Instructions before completing this form.									
	QUAN	TITY OR LOADING			QUALITY OR CONCI		NO.	Freq. Of	SAMPLE				
	AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	Analysis	TYPE			
SAMPLE MEASUREMENT	0.071	0.117		****	*****	*****		0	CONT.	REC.			
PERMIT REQUIREMENT	REPORT MONTHLY AVG.	DAILY MAX	MGD	****** (B) 2 (2) (3)	******	*****			CONT.	REC.			
SAMPLE MEASUREMENT	9.77	18.95		****	16.50	32.0		1	4/31	24HR.C			
PERMIT REQUIREMENT	5.3 MAX MO AVG.	8.0 MAX WKLY AVG.	Lbs./day	*****	8 MAX MO AVG.	12 MAX WKLY A	MG/L VG	4165 S	ONCE per week	24 HR. COMP.			
SAMPLE MEASUREMENT	****	****		7.10	****	7.90		0	31/31	GRAB			
PERMIT REQUIREMENT	**************************************	*****		6.5 MINIMUM		8.5 MAXIMUM	SU		DAILY	GRAB			
SAMPLE MEASUREMENT	****	*****		5.90	****	*****		0	31/31	GRAB			
PERMIT REQUIREMENT	*****	*****	***	5.0 INST, MIN,	*****	*****	MG/L		DAILY	GRAB			
SAMPLE MEASUREMENT	11.40	37.90		****	19.25	64.0		1	2/31	24HR.C			
PERMIT REQUIREMENT	5.3 MAX MO AVG.	8.0 MAX WKLY AVG.	Lbs./day	*****	8 MO AVG.	12 MAX DAILY	MG/L		ONCE per week	24 HR. COMP.			
SAMPLE MEASUREMENT	*****	*****		****	*****	93.410	MPN/	0	2/31	GRAB			
PERMIT REQUIREMENT	######################################	*****	****	*****	*****	126 GEO MEAN	100ML		ONCE per week	GRAB			
SAMPLE MEASUREMENT	****	****		****	****	<0.10		0	NA	UV			
PERMIT REQUIREMENT	*****	*****	****	*****	****	0.10 DAILY MAZ	NA		DAILY	GRAB			
SAMPLE MEASUREMENT		21.91	Lbs./day	*****	37.0	*****		0	Calc.	*****			
PERMIT REQUIREMENT	679.18	*****	Lbs./Month	### ##################################	MO AVG;		NA		ONCE per month	Calculated			
UTIVE OFFICER							TELEPHON	ŧΕ	D/	ATE			
Jack E Bradshaw Jr. Prostart: VP Operations					ATURE OF PRINCIPAL	EXECUTIVE	443 903-4	758	2019	9 28			
					FICER OR AUTHORIZE	ED AGENT	CODE NUME	3ER		10 DAY			
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT PERMIT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT I certify under penalty of law that this document and all my direction or supervision in accordance with a system	AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REPORT REQUIREMENT MONTHLY AVG, DAILY MAX SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT Lordiy under penalty of law that this document and all attachments were in y direction or supervision in accordance with a system designed to assure in the properties of the supervision in accordance with a system designed to assure in the properties of the properties	AVERAGE MAXIMUM UNITS MINIMUM SAMPLE MEASUREMENT 0.071 0.117 PERMIT REPORT MONTHLY AVG. DAILY MAX SAMPLE MEASUREMENT 9.77 18.95 PERMIT 5.3 8.0 Lbs./day REQUIREMENT MAX MO AVG. MAX WKLY AVG. SAMPLE MEASUREMENT 5.3 8.0 Lbs./day REQUIREMENT SAMPLE ****** 7.10 SAMPLE MEASUREMENT SAMPLE ****** 5.0 PERMIT REQUIREMENT SAMPLE ****** 5.0 PERMIT REQUIREMENT SAMPLE MEASUREMENT 11.40 37.90 PERMIT REQUIREMENT SAMPLE MEASUREMENT MAX MO AVG. MAX WKLY AVG. SAMPLE MEASUREMENT SAMPLE 11.40 37.90 PERMIT REQUIREMENT SAMPLE ****** *****************************	QUANTITY OR LOADING	QUANTITY OR LOADING AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT REPORT REPORT REQUIREMENT MONTHLY AVG. DAILY MAX SAMPLE MEASUREMENT MONTHLY AVG. DAILY MAX SAMPLE MEASUREMENT MONTHLY AVG. DAILY MAX SAMPLE MEASUREMENT MAXMO AVG. MAX WKLY AVG. SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT MAX MO AVG. MAX WKLY AVG. SAMPLE MEASUREMENT MAX MO AVG. MAX WKLY A	QUANTITY OR LOADING	QUANTITY OR LOADING	QUANTITY OR LOADING			

PERMITTEE NAME/ADDRESS(Include Facility Name & Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: Boones Estates MHC, LLC c/o Horizon Land Company LLC

ADDRESS: 2138 Espey Court Suite 1 Crofton, Maryland (AA Co.) 21114

DISCHARGE MONITORING REPORT (DMR)

11-DP-0191A DISCHARGE NUMBER

MD0050903 DISCHARGE NUMBER Outfall 001

FACILITY: Boones Estates MHC-WWTP

LOCATION: 1091 Marlboro Road

Lothian, Maryland (AA Co.) 20711

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	MO	DAY					
FROM	2019	8	1	то	2019	8	31					

ATTN. KATE COSTELLO				NOTE: Read Instructions before completing this form.									
PARAMETER	QUAN	TITY OR LOADING				QUALITY OR CONCE	NTRATION		NO	Freq. Of	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIM	UM	AVERAGE	MAXIMUN	/I UNI	TS EX	Analysis	TYPE	
Nitrogen, Total (as N) Total Lbs./Year	SAMPLE MEASUREMENT	*****	3795.47		****	**	*****	*****		0	Calc.	*****	
00600 1 2 Cumulative/Year January to December	PERMIT REQUIREMENT	*****		LBS/YEAR	****	100 m	MAX MO AVG.	*****	MG	:/L	ONCE per month	Calculated	
Organic Nitrogen	SAMPLE MEASUREMENT	2.131	*****		****	**	3.60	*****		0	2/31	24HR.C	
00625 Effluent Gross	PERMIT REQUIREMENT	*****		Lbs./day	*****		REG MO AVG.	*****	MG	i/L	ONCE per month	Calculated	
Nitrate-Nitrite Nitrogen Total (as N)	SAMPLE MEASUREMENT	*****	****		****	*	32.0	****		0	2/31	24HR.C	
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	(1966) ***********************************	Lbs./day	150 CO *****		MAX MO AVG.	*****	MG	i/L	ONCE per week	24 HR. COMP.	
Ammonia Nitrogen Total (as N)	SAMPLE MEASUREMENT	0.829	1.540		****	**	1.40	2.60		0	2/31	24HR.C	
00630 1 0 Total (as N)	PERMIT REQUIREMENT	1.9 MAX MO AVG.	10 max wkly avg.	Lbs./day	*****	** 10	2.9 MAX MO AVG.	15 max daily <i>a</i>	NA NG.	A	ONCE per week	24 HR, COMP,	
Phosphorous, Total (as P)	SAMPLE MEASUREMENT	*****	2.635	Lbs./day	****	*	4.45	****		0	2/31	24HR.C	
00665 1 0 0 Effluent Gross Value	PERMIT REQUIREMENT	81.69	*****	Lbs./Month	****	*	MONTHLY AVG.		MG	i/L	ONCE per week	24 HR. COMP.	
Phosphorous, Total (as P) Total Lbs./Year	SAMPLE MEASUREMENT	****	530.05		****	r*	*****	*****		0	Calc.	24HR.C	
00665 1 2 Cumulative/Year January to December	PERMIT REQUIREMENT	******		Lbs./Year	****	*	******	*****	N/	^	ONCE per month	Calculated	
FLOW, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.635	*****		****	**	****	*****		Vocacoone	Calc.	*****	
50050 1 0 Cumulative/Year January to December	PERMIT REQUIREMENT	*******	*****	NA	****	r x	******	*****	N _A	⁴	ONCE per month	Calculated	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER				ŀ				TELEP	HONE	D	ATE	
Jack E Bradshaw Jr. Prostart: VP Operations			of law that this document and all			SIGNAT	URE OF PRINCIPAL	EXECUTIVE	443 90	3-4758	2019	9 28	
TYPED OR PRINTED		personnel properly gath	sion in accordance with a system ner and evaluate the information	submitted. Based o		OFFI	CER OR AUTHORIZE	D AGENT_	CODE N	UMBER	YEAR I	VIO DAY	
COMMENTS AND EXPLANATIO													



	e-coli	e-coli logarithm of
	MPN/100m	l -
week 1	2420	3.38
week 2	13	1.11
week 3	2420	3.38
week 4		0.00
total	4845	7.881574
count	4	4
avg	93.41003	1.970394

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